Kentucky SEPSIS Consortium

Virtual Meeting

December 7, 2023

Kentucky Hospital Association

The Kentucky Hospital Association Sepsis Consortium is working with hospitals statewide to reduce the morbidity and mortality caused by sepsis.

Consortium Steering Committee Regional – Bluegrass District

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CHI St Joseph Health System

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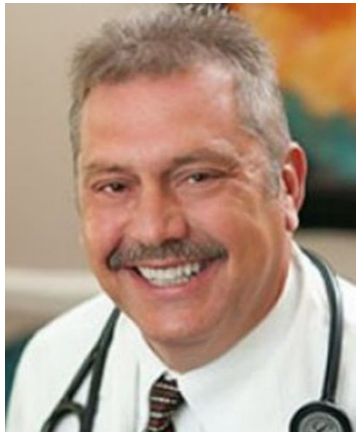
CIC, CPPS
AVP Infection Prevention
Lifepoint Health

Louis Claybon, MD
Physician Advisor
St. Elizabeth Healthcare

Consortium Steering Committee Regional – Cumberland District



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Appalachian Regional Health

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Sepsis Nurse Navigator
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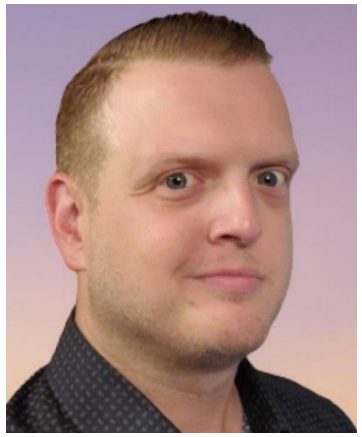

James J. Hensley
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Consortium Steering Committee
Regional – Ohio Valley District

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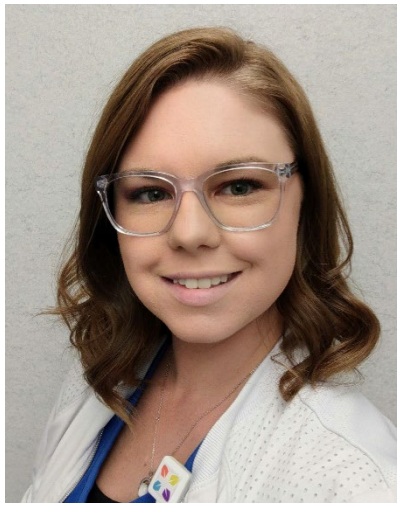
Baptist Health Louisville



Stacy Monarch
Sepsis Coordinator
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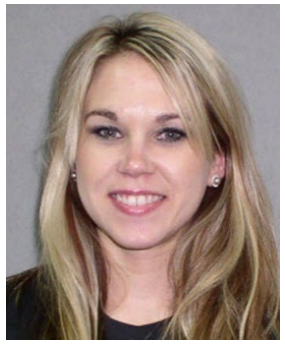
Danette Culver, APRN
Clinical Nurse Specialist
Norton Healthcare

Consortium Steering Committee Regional – Twin Lakes District



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Baptist Health
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Allison Rains, MD
Emergency Department
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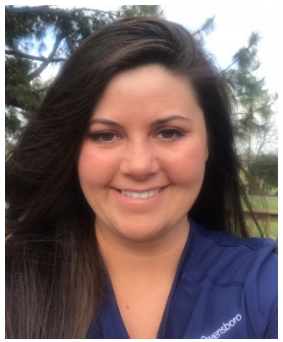

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Consortium Steering Committee
Patient/Family Advocate

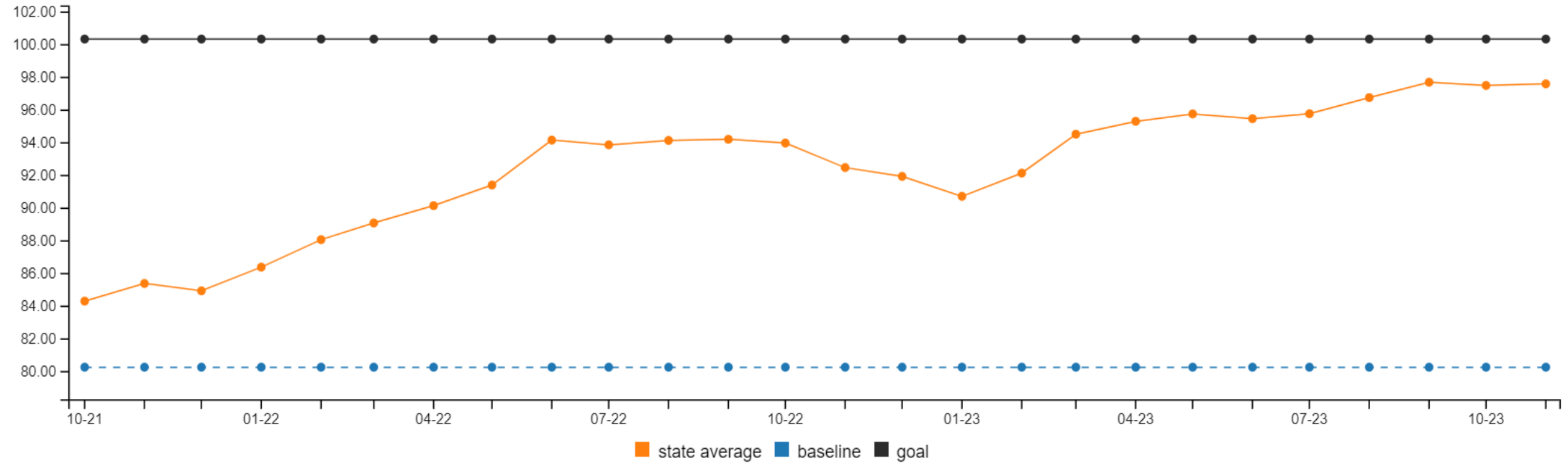
Darrell Raikes

SEPSIS-2c SEPSIS Screening Performed at Triage

Kentucky Sepsis Consortium

SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase



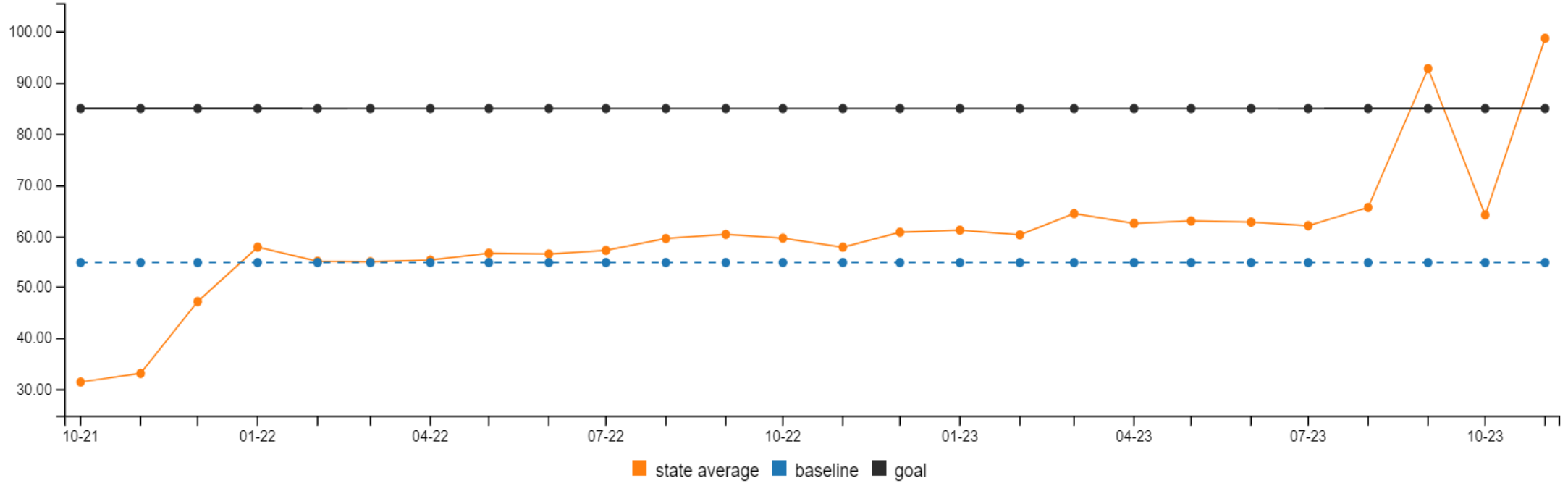
Data was pulled on 12/06/23

SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance

Kentucky Sepsis Consortium

SEPSIS-2d 3 and 6-Hour Sepsis Bundle Compliance

Goal Type: Increase



*Data entry errors, in review

SEPSIS-2e Blood Culture Contamination

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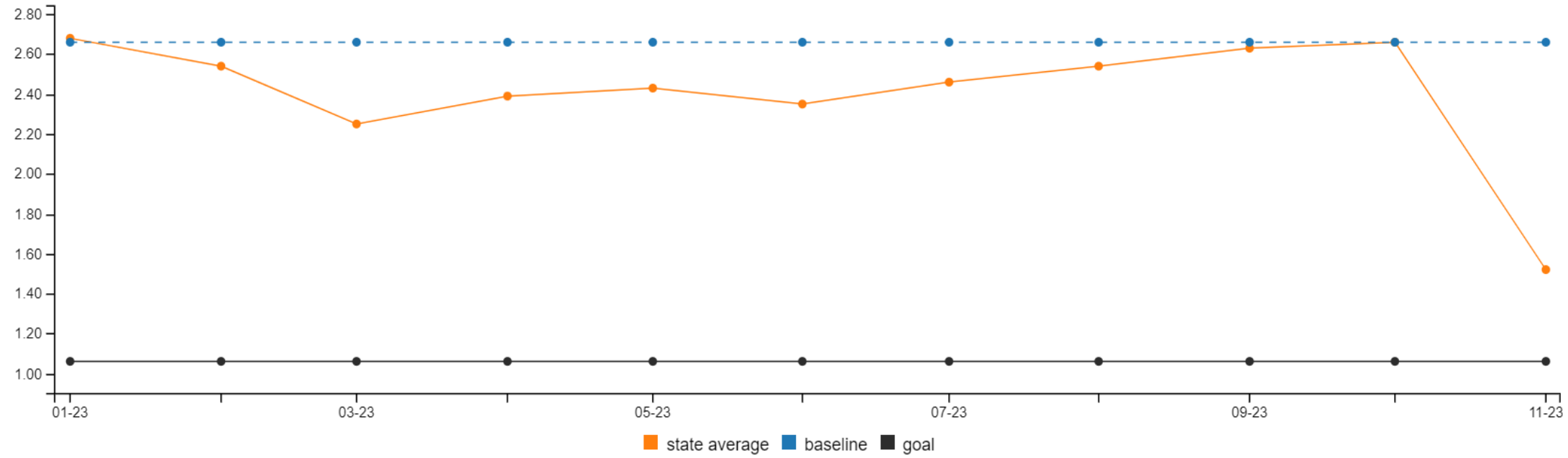
SEPSIS-2e Blood Culture Contamination

Goal Type: Decrease



*Data entry errors, in review

Reminders for Data Collection

- **Sepsis Bundle Compliance Denominator:** All inpatients with an ICD-10-CM Principal **or Other Diagnosis Code** of Sepsis, Severe Sepsis or Septic Shock. The link to the ICD-10 codes that CMS has listed is in the EOM. Please check to make sure you are using the correct codes when providing your denominator.
- **Sepsis Screening**: We have received questions about various patient types who enter the ED other than through the triage desk. Remember triage is an action, not a place. You triage all patients.
  - *Importantly, the first element of the sepsis screen is whether the patient has a known or suspected infection. If a patient is brought in by EMS, for example, as a result of a car accident, a fall an overdose, a heart attack- the first question is answered “NO” and that completes the screen.
  - Remember our goal is not 100%. If you find the very rare exception or fall-out, don’t be overly concerned. Do, however, let me know. So far, all the supposed outliers have not been outliers after we looked further into it.
- **Fluid Resuscitation Exclusions:** We realized that we had not added the verbiage addition when CMS altered the exclusionary language around fluid resuscitation. We have stated regularly that we are following CMS definitions to the letter, but to avoid further confusion

Reaching Out

Quick HRIP note

- Screening- calls have gone out to any hospital not at 95%. Work ongoing.
- Bundle Compliance- calls have begun to any hospital not at least 55% compliant.
- Please call Deb Campbell with questions/concerns about meeting the 2023 goals around sepsis
- **Late data and errant data are challenging our QI efforts!**
- **For those of you participating in HRIP, we are now in the measurement period (Q4 2023)! Please check to assure we are receiving your data correctly and on time and that you are meeting the goals!**

HRIP reminder

- **Screen 70% of eligible patients in the emergency department (ED) AND track bundle compliance 0.5%**
- **Screen 95% of eligible patients in the emergency department (ED) AND track bundle compliance 0.5%**
- **Screen 95% of eligible patients in the emergency department (ED) in Quarter 4 of CY 2023 AND in Quarter 4 of CY 2023 KY bundle adherence benchmark of 55% OR if below KY benchmark improve 25% of the Gap to KY benchmark 1.0%**

Sepsis Screening Tool

1. **Suspicion of infection (Y or N)**
2. **SIRS criteria (need 2)**
   - **a.** Temp >100.9 F (38.3 C) or <96.8 F (36 C)
   - **b.** HR >90 bpm
   - **c.** RR >20 bpm
   - **d.** WBC >12,000 or <4,000 or 10% bands

If YES to 1 & 2 = POSITIVE sepsis screen. Order a STAT lactic acid, blood cx x2, CBC, & CMP per protocol. Notify provider.

3. **Organ dysfunction (need one)**
   - **a.** SBP <90 mmHg or MAP <65 mmHg
   - **b.** SBP decreases >40 mmHg from baseline
   - **c.** Creatinine >2 mg/dl or urine output <0.5 ml/kg for 2 hrs
   - **d.** Bili >2 mg/dl
   - **e.** Lactate >2mmol/L
   - **f.** Platelet <100,000
   - **g.** INR >1.5 or aPTT >60 sec
   - **h.** Acute resp failure with new invasive/non-invasive mechanical ventilation

YES to 1, 2, + 3 = POSITIVE screen suggestive of SEVERE sepsis

3-Hour Bundle

Stat lactic acid

Blood cx x2 (before ABX)

Broad spectrum ABX started

Isotonic fluid bolus 30ml/kg for:
- MAP <65 mmHg
- SBP <90 mmHg
- Initial lactic acid >/= 4

6-Hour Bundle

Repeat lactic acid within 6 hrs of time zero if >2

Vasopressors to keep MAP >65 and/or SBP >90

Focused exam with fluid reassessment

SEPSIS KENTUCKY

Kentucky Hospital Association

SEPSIS KENTUCKY

QUALITY KENTUCKY
Health Care Quality Improvement Continues

KENTUCKY HOSPITAL RESEARCH & EDUCATION FOUNDATION

Today's presentation

Speakers: Foster Gesten

Topic: The New York Experience

Foster will provide background about how New York started and implemented their sepsis initiative. Foster led the work at the NY State Department of Health.

Consortium Trajectory

- High Impact-Low Burden
  - Started with Screening in ED at triage (where most sepsis presents)- approaching sustain mode!
  - Sepsis bundle compliance data collection and quality improvement ongoing and ramping up presently. Deb is reaching out based on data, but please reach out to her if you need assistance at any time.
  - Blood culture contamination- will discuss today
- Inpatient Screening and Treatment- plans for 2024
  - When sepsis starts in the hospital->worse outcomes
  - Sepsis screening for earlier recognition
  - Recruit hospitals with inpatients who were not initially members of the consortium since they are without EDs

Blood Culture Best Practices

- Definition Clarification- please assure your laboratory is appropriately counting instances of contamination.
  - Numerator- The number of blood culture sets with growth of skin commensals without the same organism in other sets collected within 24 hours
  - Sets with this evidence of contamination which may reflect possible technique breaches should be counted despite the growth of a pathogen. They should be included in the numerator, not excluded from it.
- New metric being proposed- percent of specimens with inadequate volume
  - Use of CLSI definition of low volume (<8 ml)
  - Audit number of specimens that contain inadequate volume as a percent of the total number of specimens submitted
  - Inadequate volume may result in false negatives and delay appropriate antimicrobial therapy

Next Steps

- Regular schedule
  4th Thursday of each month 1-2ET
- **Next webinar:**
  - **January 24, 2024 1-2pm ET**
- **Topic: TBD**

For questions, contact **Deb Campbell** at **dcampbell@kyha.com**
Vice President of Clinical Strategy and Transformation